

**DISCUSSION DRAFT**  
**Washington State Board of Health**  
**STATEMENT OF POLICY ON POSSIBLE 2007 LEGISLATIVE ISSUES**

It is the policy of the Washington State Board of Health (Policy 01-001) to monitor and comment on legislative proposals that alter the Board's statutory authority, run counter to a policy direction established in rule, or directly relate to activities in the Board's strategic plan. The Board also discusses major issues likely to appear on the Legislature's agenda and attempts to reach agreement on the sense of the Board on these issues prior to session. This following statement represents the sense of the Board on some significant issues and will guide staff and members in their communications. This document is neither an exhaustive nor a prescriptive list of issues. Staff, as always, will review a wide variety of bills.

- **Access to Health Care:** The Board encourages the Legislature to improve, access to health care. It is particularly concerned about access for children, and about how inequities in care contribute to health disparities. The Board supports an evidence- and population-based approach, such as its "Menu of Critical Health Services," to the design of safety net programs and benefit packages. This approach would emphasize stable and adequate funding for public health infrastructure. In terms of personal medical care, it would emphasize primary and preventive care, as well as disease management for chronic conditions, and it would give equal weight to evidence-based dental care, substance abuse treatment, and mental health services. The Board believes stable funding is necessary to achieve universal access to a core set of services, and achieving stable funding would require broad-based agreement on the menu of core services; prioritization of these core services; establishment and tracking of measurable outcomes; and reform of basic financing mechanisms.
- **Children's Preventive Services:** The Board encourages policy makers to place a priority on delivery of children's clinical preventive services. It supports public insurance for low-income children, including immigrant children, to ensure access to these services (though coverage alone is not sufficient). It believes the state should encourage enrollment in public programs that insure low-income children and eliminate disincentives. It would support a range of incentives, including financial incentives to parents, to assure that all children—regardless of race, ethnicity, socioeconomic status, geography, and their parents' insurance coverage—receive proven clinical preventive health services.
- **Early Learning:** The Board supports early learning programs that provide health prevention and promotion alongside education. Such programs have the potential to reduce health disparities, and in the long run ensure that a larger, more diverse group of students is prepared to pursue health careers.
- **Genetics and Privacy:** The Board reaffirms the recommendations of the Genetics Task Force.
- **Health Disparities:** The Board actively supports the work of the Governor's Interagency Council on Health Disparities, which is developing an action plan for eliminating disparities. The plan is not due, however, until 2012, and the Board does not believe state efforts to address disparities should wait. It supports enhanced efforts to address disparities, such improving access to health navigators.

- **Immunizations:** The Board has established criteria for including a vaccine-preventable disease on the list of diseases that children entering school or child care must be immunized against, and a process for evaluating vaccines against those criteria. Authority to mandate vaccines should continue to reside with the Board, which should continue to follow the established process. The Board participates in efforts to clarify the costs and benefits of universal vaccine purchases and to assess the relative benefits to society of individual vaccine products. Until these processes are completed, the Board would object to changing the state's current practice of purchasing for all children those vaccines recommended by the Advisory Committee on Immunization Practices.
- **Mandated Benefits:** The state has an interest in encouraging utilization of proven preventive practices. The Board would prefer a system that provides universal access to such services. Under the current health care financing system, though, underinsurance is a barrier to utilization. While it is important to reduce insurance costs, removing requirements that insurers cover preventive practices will not significantly lower premium costs, and will likely impose significant long-term health and social costs on individuals and the state.
- **Medical Home:** A medical home is a system for delivering health care in a manner that is that is accessible and continuous, coordinated and comprehensive, family-centered, and compassionate and culturally sensitive. Benefits of a medical home include cost savings and better health outcomes. The Board supports efforts to encourage a medical home for everyone in Washington—especially children. Such efforts may include, but should not be limited to, reducing the number of uninsured children, increasing outreach to families where languages other than English are spoken at home, and infusing the Chronic Care Model into the operations of the medical practices.
- **Mental Health:** The Board has heard from local communities that the lack of adequate resources needed to address behavioral problems and mental illness is a major public health problem. The work of advocacy groups, the Joint Legislative Executive Committee on Mental Health Services and Financing, and other entities suggests that mental health services are inadequate across most of the state, and that Washington's mental health safety net is wholly inadequate to deal with current needs. Mental health issues that go unaddressed place huge demands on the health care delivery system, public health, and the criminal justice system. The Board encourages support of community mental health programs that promote a preventive, population-based, and public health approach to care.
- **Nutrition and Physical Activity:** The Board believes public policy should encourage greater levels of physical activity and improve opportunities for healthy nutrition, particularly in communities that are currently underserved (those without access to parks, for example, or affordable fruits and vegetables). It supports efforts to integrate public health concerns into land use, transportation, and community development planning to ensure that the social and physical environments promote healthy behaviors.
- **Onsite Sewage:** The Board would support legislation that applies science to onsite regulation and is consistent with Board Resolution 04-04 and existing Board rules. Such efforts would include programs to improve communication about the maintenance of existing septic tanks at the time of property transfer, strengthen local enforcement capacity, and help homeowners repair failing systems.\*

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\* Based on preliminary recommendations from the Environmental Health Committee, the Board may wish to consider adding language like: "The Board supports consolidating large onsite septic system (LOSS) permitting in one state agency operating under a single rule that addresses both human health and environmental quality, but does not believe the Board's existing rulemaking authority for LOSS systems should be transferred to DOH."

- **Oral Health:** The Board is concerned about the poor levels of access to children's oral health care, and supports such solutions as maintaining Medicaid and SCHIP dental coverage and expanding the use of fluoridation as a population-based approach to preventing tooth decay.
- **Persistent Bioaccumulative Toxins:** The Board supports the goals and intent of the Department of Ecology's *Proposed Strategy to Continually Reduce Persistent Bioaccumulative Toxins (PBTs) in Washington State* and its chemical action plans for mercury and polybrominated diphenyl ethers (PBDEs). It would endorse a ban on forms of PBDE that can be shown to be harmful to human health.
- **Public Health Funding:** The Board supports stable, secure funding for public health that would enable local health jurisdictions, the Department of Health, and the Board to meet the standards developed by the Public Health Improvement Partnership as required under RCW 43.70. It supports the Joint Select Committee on Public Health Financing recommendations as a step in that direction.
- **Regulatory Reform:** The Board supports efforts to create less burdensome and less intrusive models of regulation as long as those models do not deny vulnerable citizens the protection of the state.
- **School Environmental Health:** The Board, with the Department of Health, is engaged in rule making to establish standards for environmental health and safety in schools. The goals are to develop rules that proactively protect children's health; are based on the best available science; ensure accountability between school districts, local health jurisdictions, and their communities; support and promote current school health and safety programs that work; have the least burdensome regulatory structure; are compatible and consistent with existing related regulations; and are realistic about resource limitations of schools and local health jurisdictions. The Board believes this process should continue, but is also prepared to support legislative solutions consistent with these goals, particularly those that would provide additional funding for school renovation, school operations and maintenance, school inspections, district health and safety committees, and other related programs.
- **School Health:** The Board supports using science and public health best practice models to improve physical activity and nutrition policies and health practices in schools. This would include improving the quality and availability of school meal programs (which are a primary source of nutrition for many underprivileged children), promoting effective implementation of strong nutrition and physical activity plans, and ensuring compliance with standards for physical activity during the school day. It also supports school-associated programs that improve children's access to comprehensive primary and preventive services, either through school-linked care or provider referrals. This includes programs to address chronic diseases such as asthma and diabetes. Accordingly, it would support proposals that would assure adequate school nurse staffing.
- **Tobacco:** The Board supports implementation of the Department of Health's *Tobacco Prevention and Control Plan*, including efforts aimed at minority communities with disproportionate tobacco use. It urges replenishment of the Tobacco Prevention and Control Account and discourages any actions, such as further securitization of funds from the Master Tobacco Settlement Agreement, that would undermine these proven, successful efforts. The Board opposes changes to Initiative 901 before there had been a chance to gather data and adequately evaluate its impact over time.